

Application for Training
CDC/NCHSTP/Division of STD Prevention
Training and Health Communications Branch

Course Desired (complete a separate form for each course):

- Course: ☐ Advanced STD Intervention (ASTDI)
☐ Applied Epi Info for Occupational Use (AEIOU)
☐ Principles of STD Supervision
☐ STD Intervention for Supervisors
☐ Surveillance, Epidemiology and Data Management into Action (SEDACTION)

Date (if known):

Location (if known):

Participant Information

Last Name

First Name

MI

Agency or Organization

Agency or Organization Address (line 1)

Agency or Organization Address (line 2)

City

State

Zip Code

Country

Work Phone

Fax

E-mail

Ethnicity (Select one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Select one or more): ☐ American Indian or Alaska Native ☐ Asian

☐ Black or African American ☐ White ☐ Native Hawaiian or Other Pacific Islander

Sex: ☐ Female ☐ Male

Education Level
(highest level attained)

Organization Type (check one)

Primary Occupation Type (check one)

- ☐ Some high school
☐ GED
☐ High school diploma
☐ Some college
☐ Associate's degree
☐ Bachelor's degree
☐ Some graduate coursework
☐ Master's degree
☐ Doctoral degree
☐ Other--specify:

- ☐ CBO (non-clinical)
☐ Government-funded public health program (city, state, national)
☐ Family-planning clinic
☐ Managed care organization
☐ Private practice
☐ Corrections facility
☐ Military installation
☐ Indian Health Service
☐ Migrant health clinic
☐ Public/University hospital
☐ Other--specify:

- ☐ Nurse
☐ Nurse Practitioner
☐ HIV Counselor
☐ Health Educator
☐ Disease Intervention Specialist
☐ Case Manager
☐ Outreach Worker
☐ Surveillance Coordinator
☐ Special Projects Coordinator
☐ STD Program Manager
☐ Other--specify:

Do you supervise others?
☐ Yes ☐ No

Percentage of Time Devoted to STD: ☐ None

☐ 1-25% ☐ 26-50% ☐ 51-75% ☐ 76-99% ☐ 100%

Length of time in current position:

List your major STD/HIV-related job responsibilities:

Supervisor's Name

Phone Number

E-mail

Supervisor's Signature and Date (Applicants **must** obtain supervisory approval and go through proper chain of command).

This application may be faxed to Sheila McKenzie, (404) 639-5210 or e-mailed to spm4@cdc.gov.